

## **Adult Admission Forms Instructions**

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## Acknowledgement of Items Received

### Use:

- This form is used to document items that the program has given to the resident upon their admission and that the items are expected to be returned at discharge.

### Specialization/Enhancements:

- None.

### Regulatory Components that should not be deleted when tailoring to your program:

- Although this form is not required by DPH, BSAS guidelines, programs are required to inform residents of termination procedures.
- The use of this form is optional.

## Aftercare Agreement

### Use:

- This form is used to inform residents that they may continue to receive services moving them toward independence after they have graduated from the program. This form documents their agreement to participate in these continued services.

### Specialization/Enhancements:

- None.

### Regulatory Components that should not be deleted when tailoring to your program:

- The DPH, BSAS guidelines state that attempts at follow-up by home visits or post shelter stays (with the written consent of the resident) shall occur within 30 days after discharge and be documented in the family record.

## Babysitter Agreement

### Use:

- This form is to be completed during orientation for the purpose of outlining program expectations for residents when babysitting another resident's child(ren).
- This form makes reference to the *Child Information Sheet*, which is in the Service Provision Documentation Section and should be completed each time a resident plans to babysit another resident's child(ren).

### Specialization/Enhancements:

- None.

**Regulatory Components that should not be deleted when tailoring to your program:**

- Although this form is not required by the DPH, BSAS guidelines, programs must inform the resident of program requirements for participation.

## **Code of Conduct**

**Use:**

- This form is used to outline the expectations of acceptable behavior while residents are at the program.

**Specialization/Enhancements:**

- None.

**Regulatory Components that should not be deleted when tailoring to your program:**

- Although this form is not required by the DPH, BSAS guidelines, programs must inform the resident of program requirements for participation, resident obligations, and program rules.
- The use of this form is strongly recommended by the team for a complete record.

## **Consent for the Release of Communicable Disease Information**

**Use:**

- This form is a tailored general consent form used to release STD and TB information about the resident to the Massachusetts Department of Public Health.
- This form allows the resident to be contacted about STD and TB information by the Massachusetts Department of Public Health for the purpose of preventing the spread of infectious diseases.

**Specialization/Enhancements:**

- This form has an area to document resident refusal to sign; however, programs still need to report such information.

**Regulatory Components that should not be deleted when tailoring to your program:**

According to DPH, BSAS:

- The providers should not be responsible for double reporting of HIV/AIDS, which is what would occur if they report AND the doctor reports for the SAME client.
- The family shelter director should be notified by the physician if a positive diagnosis has not been reported by the physician. (A release form should be completed and signed by the client in order to obtain the information from the physician).

If the physician does not report communicable disease information, the program must do so.

## **Consent for the Release of Confidential Alcohol or Drug Treatment and HIV/AIDS Information to Comply with Disease Reporting Requirements**

### **Use:**

- This form is a tailored consent form used to release HIV/AIDS information about the resident to the Massachusetts Department of Public Health.
- This form allows the resident to be contacted regarding HIV/AIDS information by the Massachusetts Department of Public Health for the purpose of preventing the spread of infectious diseases.

### **Specialization/Enhancements:**

- This form has an area to document resident refusal to sign; however, programs still need to report such information.

### **Regulatory Components that should not be deleted when tailoring to your program:**

According to DPH, BSAS:

- The providers should not be responsible for double reporting of HIV/AIDS, which is what would occur if they report AND the doctor reports for the SAME client.
- The family shelter director should be notified by the physician if a positive diagnosis has not been reported by the physician. (A release form should be completed and signed by the client in order to obtain the information from the physician).
- If the physician does not report communicable disease information, the program must do so.

## **Consent to Photograph for Resident Record**

### **Use:**

- This optional form documents the resident's consent for the program to take pictures of the resident family for the record only.

### **Specialization/Enhancements:**

- If pictures of the resident or their children are to be used for anything other than the record, a different release form needs to be used.

### **Regulatory Components that should not be deleted when tailoring to your program:**

- This form is an optional form, not required by the DPH, BSAS guidelines.

## **Drug and Alcohol Testing Consent**

**Use:**

- This consent documents that a resident is aware that random supervised urine screening is a required part of the program and understands the consequences of refusal.
- This consent gives the program permission to administer drug screens through random supervised urine collection.

**Specialization/Enhancements:**

- None.

**Regulatory Components that should not be deleted when tailoring to your program:**

- Although this form is not required by the DPH, BSAS guidelines, programs must inform the resident of program requirements for participation.
- The use of this form is strongly recommended by the team for a complete record.

## **Emergency Child Placement Agreement**

**Use:**

- This is an optional form designed to formulate a plan so that the staff, resident, and DSS (if involved) are aware of where to place the resident's child(ren) in care outside of the program if the resident has to leave the program unexpectedly (i.e., hospitalization, incarceration, mental health issues, etc.).

**Specialization/Enhancements:**

- The program should document the date on which the identifying information of the person chosen by the resident was confirmed.
- The program should also document the date on which a letter confirming that this person will accept the child(ren) in this type of emergency situation was received by the program.

**Regulatory Components that should not be deleted when tailoring to your program:**

- This form is not required by the DPH, BSAS guidelines and therefore may be modified as needed by the program.

## **Emergency Medical Treatment Authorization Form**

**Use:**

- This form should be completed at admission to give the program permission to take the resident and/or child(ren) to the hospital in an emergency to receive appropriate medical care.

**Specialization/Enhancements:**

- None.

**Regulatory Components that should not be deleted when tailoring to your program:**

- Although this form is not required by the DPH, BSAS guidelines, program must inform the resident of program requirements for participation.
- The use of this form is strongly recommended by the team for a complete record.

## **Exit Policy**

**Use:**

- This form should be completed at admission to inform residents of the program's exit policy.
- This form should be referred to again with the resident at discharge so they take responsibility for their belongings and remove them in a timely manner.

**Specialization/Enhancements:**

- Programs may amend the number of days a resident has to retrieve their belongings (i.e., from 30 to 15 days).

**Regulatory Components that should not be deleted when tailoring to your program:**

- Although this form is not required by DPH, BSAS guidelines, programs are required to inform residents of termination procedures.
- The use of this form is strongly recommended by the team for a complete record.

## **Family Responsibilities**

**Use:**

- This form is used to inform the residents of their responsibilities while at the program.

**Specialization/Enhancements:**

- None.

**Regulatory Components that should not be deleted when tailoring to your program:**

- Although this form is not required by the DPH, BSAS guidelines, programs must inform the resident of program requirements for participation, resident obligations, and program rules.
- The use of this form is strongly recommended by the team for a complete record.

## **Family Rights**

**Use:**

- This form is used to document that the residents were informed of their rights.

**Specialization/Enhancements:**

- None.

**Regulatory Components that should not be deleted when tailoring to your program:**

- DPH, BSAS guidelines require that programs must inform residents of their rights and that rights 1-14 are the minimum rights that programs must guarantee to family members.

## **Food Stamp Contribution Agreement**

**Use:**

- This agreement informs the resident at admission that he/she will be expected to pool his/her food stamps with the stamps from the rest of the residents in the program in order to buy food.

**Specialization/Enhancements:**

- Programs can remove or amend the italicized line regarding residents cooking their own meals and using ovens.

**Regulatory Components that should not be deleted when tailoring to your program:**

- Although this form is not required by the DPH, BSAS guidelines, programs must inform the resident of program requirements for participation.
- The use of this form is optional.

## **Initial Family Service Plan**

**Use:**

- This form can be used as the initial service plan upon admission so residents know what is expected of them.

**Specialization/Enhancements:**

- An optional Budget Agreement form is attached to this initial service plan.

**Regulatory Components that should not be deleted when tailoring to your program:**

- The DPH, BSAS guidelines state that an original service plan which includes a copy of the outpatient treatment plan and DSS service plan (if applicable) and service plan reviews between residents and shelter staff or case manager should be included in the record.
- The DPH, BSAS guidelines also state that each family must have an initial family service plan included in the record that is based on clinician/resident

discussions and information gathered during admission and evaluation sessions. Service plans developed or revised by a case manager must be reviewed and signed by the Program Director or the Child Service Coordinator.

- The resident must sign this form also.

## **Medication Consent**

### **Use:**

- This consent documents a resident's agreement to follow the program's medication policy.

### **Specialization/Enhancements:**

- None.

### **Regulatory Components that should not be deleted when tailoring to your program:**

- Although this form is not required by the DPH, BSAS guidelines, programs must inform the resident of program requirements for participation.
- The use of this form is strongly recommended by the team for a complete record.

## **Receipt of Orientation Documentation Form**

### **Use:**

- This form can be used to document that a resident has received and understood all appropriate orientation materials.

### **Specialization/Enhancements:**

- A summary of releases obtained and basic provider information is also included. This can be a quick reference for staff needing to contact a provider.

### **Regulatory Components that should not be deleted when tailoring to your program:**

- Programs should not remove the resident signature and date the form was signed.
- In order to be in compliance with the DPH, BSAS guidelines, programs should not remove the following policies:
  - Resident Manual/Handbook
  - Family Responsibilities
  - Grievance Procedure
  - Termination Information/Reasons for Discharge
  - Resident Agreement/Consent to Services
  - Family Rights



- Confidentiality Policy
- Residents must be informed of the requirements for continued participation in the program. Therefore, please include any policies the program requires (i.e., Food Stamp Policy, Drug Screen Policy & Procedure, etc.) and any additional policies the program might have.

## **Resident Agreement/Consent to Services**

### **Use:**

- Residents should sign this form at admission to inform them of participation requirements, which, if not followed, can be grounds for discharge.
- This form documents the resident's acknowledgement and consent to the services provided by the program.

### **Specialization/Enhancements:**

- The italicized sentence in number five regarding the Human Rights Officer may be deleted or amended as needed.

### **Regulatory Components that should not be deleted when tailoring to your program:**

- According to the DPH, BSAS guidelines, programs must inform residents verbally and in writing of program requirements for participation.

## **Resident Agreement to Accept Differences**

### **Use:**

- This form is used to explain program expectations of residents: to be respectful of others to ensure a "culture of recovery".

### **Specialization/Enhancements:**

- None.

### **Regulatory Components that should not be deleted when tailoring to your program:**

- Although this form is not required by the DPH, BSAS guidelines, program must inform the resident of program requirements for participation.
- The use of this form is strongly recommended by the team for a complete record.

## **SPHERE Confidential HIV Risk Assessment & User's Manual**

### **Use:**

- This form was designed by SPHERE as a tool to help initiate and engage in an HIV risk conversation with residents. This conversation can contribute to the resident determining her/his own sense of risk for HIV

infections/transmission. Programs should inform residents that they have the right to pass or refuse to answer any or every question no matter how many times it has been asked.

- The user's manual developed by SPHERE has also been included.

**Specialization/Enhancements:**

- None.

**Regulatory Components that should not be deleted when tailoring to your program:**

- Administering an HIV Risk Assessment is an DPH, BSAS contractual requirement.
- Use of the enclosed Confidential HIV Risk Assessment and Manual developed by SPHERE is optional. Programs may opt to use their own HIV Risk Assessment.